

Christus Santa Rosa LIVE HCIS

Patient Name: DE LA GARZA,HERIBERTO
 Med Rec #: MH07405849
 Date: 06/07/2019

Discharge Summary 1

Report Date 06/07/2019 9:53am

CHRISTUS Santa Rosa Health System
 Children's Hosp of San Antonio

Patient: DE LA
 GARZA,HERIBERTO

M.R.#: MH07405849

Acct #: AH0032031604

Location: AH.PIMC

DOB: [REDACTED]

Age: 02M 16D

Sex: M

Room/Bed: AH.PIMC
 36-01

Anticipated Discharge Date / Time: 06/07/19

Provider Discharge Instructions**Dischg Instruction - Pedi****Pediatric Care Instructions****Discharge Follow Up:** Fm/Pt to Make Appointment**Call MD For:** Temp Greater than 101F, Excessive Vomiting, Excessive Diarrhea, Breathing Problems, Not Drinking Well, No Urine Output 6-8hrs, Low Energy or Limpness, Symptoms Worsen**Additional Diet Instructions:**

Formula 3-4 ounces every 3-4 hours.

Fórmula 3-4 onzas cada 3-4 horas.**Additional MD Instructions:**

Heriberto was admitted to the hospital for pertussis due to have slow heart rate associated with low oxygen levels. These episodes have decreased in frequency and are now less severe. He has been free of episodes for 24 hours and is stable to go home. He completed his antibiotic treatment while here.

He will still have a cough for several weeks but they should become less severe. If he develops new fever, is not behaving like his normal self, is more tired/fatigued than usual, is not making urine in 6-8 hours, please take him to the ED or his pediatrician to be evaluated.

It's important to note that he may still have some episodes with low heart rate and low oxygen at home and if something doesn't seem right take him to the hospital. We showed you a CPR video while in the hospital.

Please follow up with Dr. Caballo, his pediatrician, Monday or Tuesday (6/10/19 or 6/11/19).

It was a pleasure taking care of Heriberto!

Heriberto fue ingresado en el hospital por tos ferina debido a que tiene lentitud

Frecuencia cardíaca asociada a niveles bajos de oxígeno. Estos episodios tienen

Disminuye en frecuencia y ahora son menos graves. Ha estado libre de Episodios de 24 horas y está estable para volver a casa. Completó su Tratamiento antibiótico mientras esté aquí.

Seguirá teniendo tos durante varias semanas, pero deberían disminuir. grave. Si desarrolla nueva fiebre, no se comporta como su yo normal, es

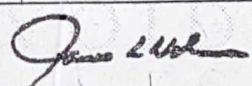
CERTIFICATION OF VITAL RECORD

CITY OF SAN ANTONIO

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NUMBER

1. Child's Name First Middle Last Suffix HERIBERTO DE LA GARZA JR.			2. Date of Birth (mm/dd/yyyy) [REDACTED]		3. Sex MALE			
4a. Place of Birth - County BEXAR		4b. City or Town (If outside city limits, give precinct no.) SAN ANTONIO		5. Time Of Birth 04:49 PM		6a. Plurality - Single, Twin, Triplet, etc. SINGLE		
7a. Place Of Birth <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Licensed Birthing Center <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home Birth <input type="checkbox"/> Other (Specify):				7b. Name of Hospital or Birthing Center, NPI (If Not Institution, Give Street Address) BAPTIST MEDICAL CENTER				
8a. Attendant's Name, NPI, and Mailing Address LUIS GASTON PRIETO 730 N MAIN SAN ANTONIO, TEXAS 78205				9a. Certifier - I certify that this child was born alive at the place and time and on the date as stated. MESHONNIA D HARRIS Signature and Title Date Signed 03/26/2019				
8b. <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify):				9b. <input type="checkbox"/> Attendant <input checked="" type="checkbox"/> Facility Administrator / Designee <input type="checkbox"/> Other (Specify):				
10. Mother's Name Prior to First Marriage First Middle Last Suffix NATALI GARCIA ONTIVEROS			11. Date of Birth (mm/dd/yyyy) 11/29/1985		12. Birthplace (State, Territory or Foreign Country) MEXICO			
13a. Residence - State TEXAS		13b. County BEXAR		13c. City, Town or Location SAN ANTONIO		13d. Street Address or Rural Location 6910 HWY 87E		
13e. Zip Code 78263		13f. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		14. Mailing Address: 78263			14. Mailing Address: <input checked="" type="checkbox"/> Same As Residence, or: (If Same As Residence, Enter Zip Code Only)	
15. Father's Name Prior to First Marriage First Middle Last Suffix HERIBERTO DE LA GARZA			16. Date of Birth (mm/dd/yyyy) 03/18/1988		17. Birthplace (State, Territory or Foreign Country) MEXICO			
18a. Local File Number 02006649		18b. Date Received By Local Registrar 03/27/2019		18c. Signature of Local Registrar 				

VS-111.3 REV. 01/05 WARNING: THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT IN THIS FORM CAN BE 2-10 YEARS IN PRISON AND A FINE OF UP TO \$5,000.

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APR 08 2019

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

James L. Wilson
Local Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE